

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oguz Tanrikulu  
Application No.: 09/812,057 Group: 2644  
Filed: March 19, 2001 Examiner: Harold, Jefferey F.  
Confirmation No.: 9012  
For: HIGH DENSITY SIGNAL CLASSIFIER FOR MEDIA  
GATEWAYS



CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>9-3-03</u>	<u>Elaine Leahy</u>
Date	Signature
<u>Elaine Leahy</u>	
Typed or printed name of person signing certificate	

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SEP 09 2003  
Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	54	MINUS	* 54	0
INDEP	9	MINUS	** 9	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

- \* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$
X	\$42	\$
+	\$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$
X	\$84	\$
+	\$280	\$

TOTAL = \$ 0

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-2-

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Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three month Extension of Time	\$	<u>930</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Supplemental Information Disclosure Statement	\$	<u>180</u>
	_____	\$	_____
	TOTAL:	\$	<u>1110</u>

[X] A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

By Mark B. Solomon  
Mark B. Solomon  
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Telephone (978) 341-0036  
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Concord, Massachusetts 01742-9133

Dated: 9/3/03